SUBMISSION TO THE NOVA SCOTIA WORKING GROUP ON MENTAL HEALTH

THERAPEUTIC SERVICES FOR SURVIVORS OF RITUAL ABUSE

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Nova Scotia Advisory Council on the Status of Women
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Nova Scotia Advisory Council on the Status of Women

The Nova Scotia Advisory Council on the Status of Women was established in 1977 to monitor women's issues and to act as an advisory body to the Province of Nova Scotia.

Specifically, the Advisory Council is legislated to advise the Minister upon such matters relating to the Status of Women as are referred to the Council for consideration by the Minister, and to bring to the attention of the Minister matters of interest and concern to women.

In carrying out its duties, the Council may:

- receive and hear petitions and suggestions concerning the status of women;
- undertake and recommend research on matters relevant to the status of women;
- recommend and participate in programs concerning the status of women;
- propose legislation, policies and practices to promote equality of opportunity and status; and
- publish reports, studies and recommendations.

The Advisory Council on the Status of Women is pleased to be able to appear before the Working Group on Mental Health Services to present our views on the provision of mental health care. The Council is concerned with a multitude of mental health issues, especially those which are of particular significance to women and girls.

However, in this presentation we will focus on services for survivors of child sexual abuse, concentrating specifically on a particularly horrific and damaging sort of child abuse--ritual abuse. Our primary reasons for selecting this focus are 1) women have been bringing it to our attention, requesting activity on their behalf; and 2) while other forms of child abuse and child sexual abuse are finally beginning to get the attention they deserve from the mental health care system, this particular form of abuse has not yet begun to be sufficiently addressed, for a variety of reasons.

Ritual Abuse – Definition, Description, Mental Health Sequelae

Ritual abuse refers to severe physical, psychological, spiritual and sexual abuse which is used systematically and repetitively in an organized fashion, along with symbols, ceremonies and/or group activities that have religious, magical or supernatural connotations.[1]

Not all ritual abuse is Satanic. In some cases, individuals or groups devise their own rituals which they use when abusing children, or they may conduct the rituals of established religions in conjunction with abuse. In other cases, abusers use their positions in religious or quasi-religious organizations, and the beliefs of the group, to control and abuse.[2]

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[1] Cheryl WaterWomon, "One Survivor's Experience of Ritual Abuse", Canadian Woman Studies 11(4), Summer 1991, p. 70. Also, Marie-Louise Bechthold, Conference proceedings, "Treating Survivors of Ritual Abuse", (sponsored by Service for Sexual Assault Victims) Halifax, Nova Scotia, April 1, 1992.

[2] Marie-Louise Bechthold, ibid. The abuse of children by priests at the Mount Cashel orphanage could be seen as an example of this.

However, most survivors of ritual abuse state that they were abused in the context of Satanic rituals.[3] When perpetrated by a Satanic cult, the abusive rituals function as part of the group's belief system, while also serving to indoctrinate victims, intimidate them into silence, and render their stories unbelievable if they ever do disclose the abuse. These cults employ highly sophisticated mind control techniques including hypnosis, brainwashing, programming, and the use of mind-altering drugs.[4]

Survivors of ritual abuse have begun to remember their experiences, and to speak about them. Their accounts, coming from all over North America, are astonishingly similar. From these accounts, clear patterns have begun to emerge.

The sorts of abuse most survivors report having experienced include:[5]

- death threats to themselves and/or family members
- confinement or "live burial" in coffins or graves
- physical torture with pins or electric shock
- ritual marriage to Satan
- serial and/or gang rape; sodomy; sexual abuse with various implements; repeated sexual assaults by men, women and other children, often in a group setting

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[3] Los Angeles County Commission for Women. Report of the Ritual Abuse Task Force, March 1991, p.1.

[4] Ibid.

[5] Ibid.; Bechthold, op. cit.; WaterWomon, op. cit.; Kevin Marron, Ritual Abuse: Canada's Most Infamous Trial on Child Abuse, Toronto, Seal Books, 1988; Louis J. Cozolino, "The Ritual Abuse of Children: Implications for Clinical Practice and Research", Journal of Sex Research 26(1), 1989: 131-138; Barry Nurcombe and Jurgen Unutzer, "The Ritual Abuse of Children: Clinical Features and Diagnostic Reasoning", Journal of the American Academy of Child and Adolescent Psychiatry 30(2), 1991: 272-276; Walter C. Young et al, "Patients Reporting Ritual Abuse in Childhood: A Clinical Syndrome. Report of 37 Cases", Child Abuse and Neglect 15(1), 1991: 181-189; F. Jonker and P. Jonker-Bakker, "Experiences With Ritualist Child Sexual Abuse: A Case from the Netherlands", Child Abuse and Neglect 15(1), 1991: 191-196; Tom Fennell, "The Satan Factor", Maclean's, 105(25), June 22, 1992.

- forced sexual contact with animals
- forced impregnation as a "breeder", possibly with subsequent sacrifice of the fetus or infant by the cult
- forced ingestion of blood, urine and faeces
- witnessing and forced participation in animal mutilation and killings, sometimes of pets
- witnessing and forced participation in human infant or adult murders, sometimes involving consumption of human blood or flesh

The abuse by the cult may or may not be perpetrated in conjunction with pornography and prostitution.

Many of the victims are children under the age of six.[6] Often the perpetrators are members of their families, their mothers, fathers, aunts, uncles and grandparents.[7] The psychological damage caused by such sustained severe abuse, inflicted on young children by those who are supposed to nurture and protect them, hardly bears imagining.

How does anyone survive this sort of horrific ordeal? Most commonly, survivors

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[6] From the accounts of survivors it appears that the victims are both male and female, though forms of abuse experienced may differ by gender. However, throughout the rest of this report references to survivors will use the female pronoun. This is not to say that all survivors are female, but the vast majority of those coming into contact with the mental health system seem to be female, possibly because male survivors act out their defenses in different ways, perhaps ending up entangled in the legal system rather than the mental health system. Furthermore, all of those who have approached the Advisory Council requesting our activity on this matter have been women.

[7] Not all Satanic ritual abuse is of this nature. Involvement in Satanism ranges from "dabblers", to individual psychopaths, to public Satanic "churches", to intergenerational, intrafamilial Satanic activity. This paper will focus on the latter form of involvement. This is not to say the others are not important. Certainly the vulnerability of adolescent "dabblers" to cult paraphernalia (music, symbols, books etc), with the attendent consequences for themselves andfor others, is a serious social concern. (For an excellent discussion, see Rob Tucker, "Teen Satanism", NSSCA Journal, 1989.) However, the issues and psychological consequences for survivors would probably be quite different for these teens than for survivors who were ritually abused from infancy by family members. An analogy might be stranger rape compared with incest; both are serious assaults, with serious effects on survivors. But they are quite different experiences, and differ greatly in their psychological and emotional consequences.

dissociate. They suffer the pain until it is no longer bearable, then they "go somewhere else" for a bit, allowing some other part of themselves to handle the pain for a while. Dissociative disorders are common among survivors of abusive childhoods; dissociation is a defence mechanism that allows them to survive.[8]

When the trauma is particularly severe, and ongoing, dissociative episodes and memories may become linked, and the child may develop multiple personalities.[9] In the words of one survivor: "The abuse was so horrifying and devastating that I developed a multiple personality as a young child. Most of the survivors I know have multiple personality to some degree. It was an extremely intelligent and creative way for me to have coped. Without it I might have died. Multiple personality is an effect of the abuse."[10] The personalities are separated by amnestic barriers, which allow the survivor to function in the world, while also protecting the cult from discovery. In North America it is estimated that one-quarter to one-third of those diagnosed with multiple personality disorder (MPD) are survivors of ritual abuse.[11]

Common sequelae of ritual abuse include bizarre or unusual fears; survival guilt; indoctrinated beliefs; substance abuse; bizarre self abuse; sexualization of sadistic impulses; severe post-traumatic stress disorder; and complex dissociative defenses, including multiple personality disorder.[12]

There is some controversy regarding the validity of reports concerning Satanic cults and

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[8] WaterWomon, op. cit.; see also Amethya, "The Reality of Ritual Abuse: A Survivor's Experience", Transition, Feb/Mar 1992, pp. 17, 20, 21.

[9] Margo Rivera, "Multiple Personality: An Outcome of Child Abuse", Canadian Woman Studies 8(4), 1987: 18-23; Cozolino, op. cit.

[10] WaterWomon, op. cit., pp.70-71.

[11] Mia Stainsby, Daily News, "Sunday Magazine", Feb 10, 1991.

[12] Bechthold, op. cit.; Young et al, op. cit.

ritualistic activities, not least among mental health professionals.[13] It is very difficult for many to believe that such sadistic acts can be taking place, particularly without leaving more physical traces. Unfortunately, "[t]he unbelievability of such reports, and our strongly held belief that behaviour so bizarre must be the product of a lone deranged mind, may be the most powerful protection against prosecution for the cults performing these rituals."[14]

Despite the scarcity of corroborating "hard" evidence, law enforcement officials and other professionals across the country are beginning to be convinced that there must be at least some truth to these remarkably similar accounts coming from survivors, former perpetrators and other reliable informants.[15] One psychiatrist believes that the sceptics may be those who have never encountered a patient with MPD, a survivor of severe abuse.[16] Psychotherapist Kathy Steele describes the "real thing" as hard to mistake:

> We deny.... We call them psychotic. We disbelieve. We tell ourselves the facts may never exactly be determined: one can, I suppose, make up such horrible stories, but it takes a lot to shatter a soul, this shattering one cannot feign. If you've ever sat in the presence of one, you know that. The moment you connect

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[13] See, for example, D.P.H. Jones, "Ritualism and Child Sexual Abuse: Commentary", Child Abuse and Neglect 15(1), 1991: 163-170; K.V. Lanning, "Ritual Abuse: A Law Enforcement View or Perspective", Child Abuse and Neglect 15(1), 1991: 171-173; F.W. Putnam, "The Satanic Ritual Abuse Controversy: Commentary", Child Abuse and Neglect 15(1), 1991: 175-179; S. Mulhern, "Re: Patients Reporting Ritual Abuse in Childhood", Child Abuse and Neglect 15(3), 1991: 609-611; F.J. Matzner, "Does Satanism Exist?", Journal of the American Academy of Child and Adolescent Psychiatry 30(5), 1991: 848.

[14] Cozolino, op. cit., p.132.

[15] See, for example, Marron, op. cit.; Nurcombe and Unutzer, op. cit.; Stainsby, op. cit.; "Victims Tell Tales From the Dark Side", Chronicle Herald, December 5, 1991; "Ritualistic Child Abuse: Authorities Uncovering Evidence of Satanic Cults", Daily News, December 5, 1991; "Police Believe Satanic Cult Performing Human Sacrifice", Daily News, June 20, 1992.

[16] Colin A. Ross, "Twelve Cognitive Errors about Multiple Personality Disorder", American Journal of Psychotherapy 44(3), 1990: 348-355.

with the reality of that shattering ... you'll know it, and you'll never forget it.[17]

And if we accept that ritual abuse occurs, there is no reason to believe it is not happening in Nova Scotia. We might prefer to think that such things could not occur here, but that would be false romanticization. As we have learned with other forms of family violence, such as child abuse and wife battering, horrific things can indeed happen within Nova Scotian families--and ritual abuse is no exception. Some law enforcement personnel and mental health professionals are aware of specific areas of Nova Scotia in which cults are operating.[18] Certainly we know there are survivors of ritual abuse in Nova Scotia. One Metro area counsellor has worked with over 50 survivors of ritual abuse.[19] Whether these survivors were abused in Nova Scotia or fled here to escape the places where they were abused, they are here now and they need help.

The Social Context: Child Abuse and Child Sexual Abuse

It is tempting to think of ritual abuse as a unique phenomenon, something extremely rare, certainly something that happens in other places, something that is done by other people. Something totally unconnected to us. This allows us to separate ourselves from the perpetrators, and the victims. It allows us to distance ourselves from the issues raised by ritual abuse. And it allows us to ignore or deny any responsibility we may have. Tempting though it may be to see ritual abuse this way, it is a serious failure in understanding.

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[17] Kathy Steele, "Sitting with the Shattered Soul", Pilgrimage: Journal of Personal Exploration and Psychotherapy 15(6), 1987: 22.

[18] Therapist Faythe Banks and Constable Patrick Caffatos, Conference proceedings, "Satanism and Ritual Abuse: Assessment, Intervention and Treatment", Yarmouth, Nova Scotia, May 2, 1992. See also Michael Thomson, "Cults a Reality", Daily News, June 28, 1992. There is some indication of cult activity in New Brunswick as well: "Girl Saw Abuse, Murder in Satanic Cult--Mother", Chronicle Herald, Sept 5, 1991.

[19] Faythe Banks, clinical therapist and private practitioner; personal communication, June 12, 1992.

Seeing ritual abuse as a unique phenomenon creates a picture that is dangerously incomplete. Hard though it may be to recognize any connection to practices so sadistic, it is only by grappling with and coming to terms with ritual abuse and the ways it is connected to our larger social ideologies that we can begin the work of transforming the oppressive cultural and social structures within which it occurs.

Ritual abuse is not a unique phenomenon. As with other forms of child abuse, it goes on behind closed doors, aided and abetted by silence and denial. As with other forms of child abuse, its victims are the weak, the powerless. As with other forms of child abuse, perpetrators can be any age, race, class or educational background; they are not limited to a particular type of person. Many perpetrators of ritual abuse are "pillars of the community", upstanding citizens, respected by all. And the abuse is often an intergenerational familial practice.

Ritual abuse is not a unique phenomenon. Women and children experience violence, or the fear of violence, daily. On a continuum of violence against women and children, ritual abuse is at the extreme end--a very extreme end. But the continuum does exist. Ritual abuse takes place in a social context of power and authority which enables violations of women and children--even violations this extreme--to occur.

Let's look at the structures of Satanism. There isn't a lot of information about the internal structures of Satanic cults, but there is some. From what evidence we do have,[20] we know they usually employ a complex and highly detailed theology. They have a highly organized hierarchy, with a high priest, and ranks of followers, based on a belief in a sacred order. "The leadership is all-powerful, the ideology is totalistic, and the will of the individual is subordinate to the will of the group."[21] The rituals of Satanic cults are extremely formal and ceremonial, involving the use

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[20] Los Angeles Women's Commission, op. cit., p.7

[21] Ibid.

of robes, masks, costumes,[22] roles, altars, candles, chants and invocations. Pain and suffering, as well as sacrifices, are offered to appease a transcendent power. Cult members are taught to believe without questioning; transgressions--in thought or deed--are punished.

Does any of this sound familiar? While the content of Satanic teachings may be radically different from accepted social values and norms, the structures and ideological systems of Satanism are not unlike others with which we are more familiar. The belief in an external power who needs appeasing is not unusual; nor is the belief in a sacred order and the importance of hierarchy. We are accustomed to the use of uniforms or robes to denote authority, and altars, pulpits, lecterns, thrones and boardroom tables are synonymous with power and authority. The social structures of Satanic cults are those of hierarchy and authority, the same structures we see in our governments, our courtrooms, our classrooms, our boardrooms, our churches and our prisons. They are based on "power-over".

Power-over is about control and domination.[23] Whether it is based on money or education, position or tradition, power-over enables one individual or group to make decisions that affect others, and to enforce control. It motivates through fear; its systems instill fear, and then offer relief in return for compliance and obedience. Power-over comes from a consciousness of estrangement, a "consciousness modeled on the God who stands outside the world, outside nature, who must be placated, feared and ... obeyed."[24] In this consciousness, life has no inherent value; value must be earned or granted--we must win, we must succeed, we

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[22] Often perpetrators dress as authority figures such as police officers. This conveys a socially accepted power and authority, but also prevents disclosure to authorities.

[23] This discussion draws upon Starhawk, Truth or Dare: Encounters with Power, Authority, and Mystery, San Francisco, Harper, pp.4-27. But numerous other feminists have written extensive analyses of power and hierarchy in patriarchal societies.

[24] Ibid., Starhawk, p.9.

must be saved.

We live within and surrounded by systems of power-over; we are indoctrinated into them from birth. "Our conditioning to obey authority is the foundation of the culture of domination. It is embedded in us so deeply that we are rarely aware of it."[25] The atrocities of war are only one example of the compulsion to obey authority overriding human compassion. Feminist theologian Starhawk writes:

> Power-over shapes every institution of our society. This power is wielded in the workplace, in the schools, in the courts, in the doctor's office. It may rule with weapons that are physical or by controlling the resources that we need to live: money, food, medical care; or by controlling more subtle resources: information, approval, love. We are so accustomed to power-over, so steeped in its language and its implicit threats, that we often become aware of its functioning only when we see its extreme manifestations. For we have been shaped in its institutions.[26]

Power-over, some sense of hierarchy and authority, is inherent in the way we structure our social relations. It is there in the power wielded by men over women, by adults over children, by rich over poor, and so on.[27] We live everyday within systems of power and hierarchy that we see replicated in "aberrant" Satanic cults. A challenge to these accepted forms of hierarchical social relations, then, is a challenge to the very social conditioning that enables violence, even an extreme like ritual abuse, to continue to exist.

At the same time, though, these social structures and ideologies do exist. And short of eliminating hierarchy and patriarchy, short of dismantling social structures, there are other more immediate things we can do. There are the victims, the survivors of ritual abuse, who desperately need help.

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[25] Ibid., p.11.

[26] Ibid., p.9.

[27] Feminists may know this hierarchical social ordering as patriarchy; colonialized peoples may refer to it as imperialism. Systems of heirarchy, whatever you call them, are connected by their acceptance of and reliance upon a model of power and domination.

Ritual Abuse -- Therapeutic / Mental Health Issues

Imagine for a moment that you are a counsellor, a therapist. You've been working for a short while with a woman who you suspect was sexually abused as a child, though she doesn't seem to remember the abuse. Suddenly you begin to realize she has multiple personalities. Not only that, but some of her alter personalities begin describing being tortured with electric shock, being raped by a group of adults which included her parents and grandparents, being forced to help kill her own baby. What would you do? how would you react? would you know how to help her? would you know where to get more information to help you work with her? would you know who to refer her to for help? Psychotherapist Kathy Steele writes of the shock and helplessness: "As therapists we are often charged with evoking the healing of a wounded psyche; this is familiar. But what of that stunned moment when we realize there is more: when we come to a terrible knowing that we are not just repairing psychological damage, but that we are sitting face to face with a shattered soul? How many of us are prepared for this?"[28]

Of the more than 300 people who attended a recent ritual abuse conference in Halifax, many of whom were counsellors, nearly 100% indicated that they believed there was a need for more training for counsellors working with ritual abuse survivors, and a need for more support and treatment for those survivors.[29] Most also indicated a desire for more indepth training, requested information and contacts for improving their treatment skills for ritual abuse survivors, and expressed a need for support for counsellors working with these individuals. Quite simply, existing mental health services are not meeting the specific needs raised by ritual abuse.

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[28] Steele, op. cit., p.21.

[29] Mary LeBlanc, Service for Sexual Assault Victims, (personal communication, June 15, 1992) based on a survey administered to conference participants, "Treating Survivors of Ritual Abuse", Halifax, Nova Scotia, April 1, 1992.

- Therapeutic issues for survivors -

A central difficulty facing the survivors of ritual abuse when they seek treatment is lack of awareness on the part of service providers. This frequently leads to misdiagnosis. Psychotherapist Margo Rivera claims that persons with MPD endure an average of seven years of misdiagnoses before their condition is finally recognized.[30] Of course, inaccurate diagnosis is often accompanied by inappropriate, sometimes counterproductive, treatment.

Furthermore, when revelations of ritualistic abuse are received with scepticism and disbelief, the survivor may be re-traumatized. A key feature of ritual abuse is denial--parents who are sadistic and brutal during rituals are lovingly normal in public. On all fronts the child faces denial that her experiences are real and have really happened. She learns to deny their reality in her own mind. Imagine the effect on the adult survivor when she trusts enough to disclose her experiences only to be faced with disbelief and denial from a therapist who is unaware and uninformed.

Even when counsellors or therapists are aware of ritual abuse, and believe the disclosures when they hear them, they often lack the training or experience to know what to do for their clients. This, too, can lead to the use of inappropriate treatment strategies which may compound the trauma. The counsellor may feel totally helpless, and not know what to do to treat this client, or where to refer her. Again, imagine the effect on the survivor if the counsellor, overwhelmed with his or her own helplessness, discontinues sessions with her, or "passes her on" to someone else.[31] In all likelihood, the trust she built up in order to be able to disclose the

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[30] Rivera, op. cit., p.21. Cozolino also refers to a patient with MPD being given 12 incorrect diagnoses in ten years (Cozolino, op. cit., p.136).

[31] This has been the experience of more than one ritual abuse survivor in Nova Scotia (personal communication, summer, 1992). Keep in mind that survivors have usually been well taught as children never to trust anyone. A common pattern seems to be to have one cult member intervene to save the child from the pain and abuse, only to later be the one inflicting

abuse would be shattered.

Existing services for crisis intervention are also inappropriate for ritual abuse survivors. Imagine an adult who is suddenly being overwhelmed by memories of her childhood abuse, memories of confinement, of powerlessness, of being forced to be naked, of being physically vulnerable in strange places, of being drugged and sedated. She is in crisis. In our mental health care system, the usual crisis intervention is hospitalization. There, in a strange place, she may be confined, she may feel powerless, she may be stripped of her own clothes, she may feel physically vulnerable, she may be drugged and sedated. In short, the standard mental health intervention in crisis situations repeats many of the very experiences that contributed to her trauma in the first place.

The need for safety is also a major consideration when survivors of ritual abuse seek treatment. This cannot be overemphasized. It is probably the most significant difference between the needs of ritual abuse survivors and the needs of survivors of other child abuse and child sexual abuse. When a survivor begins to disclose her childhood experiences of ritual abuse, there is a whole group of people, the perpetrators, who stand to lose a great deal from her disclosures. Their continued cult activity is seriously threatened--not to mention their reputations, social status, jobs, freedom from prosecution. Survivors believe that they are under constant surveillance. Many move frequently and change their names to find safety, though they believe there may be extensive, geographically dispersed networks of cults which keep track of survivors.

Most survivors who are disclosing ritual abuse fear for their lives. These are both very real fears of retribution from cult members, and the deeply ingrained fears of the child selves who

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the abuse. This deliberate betrayal seems designed to teach the children to trust no one. Another approach is to hold the child gently, and as soon as she or he begins to relax in the physical affection, inflict torture. (See WaterWomon, op. cit.; and Amethya, op. cit.)

were taught to never, never tell, or they and everyone they loved would be killed. Many young children are silenced with "magic surgery", in which they are sedated and awaken to find themselves blood-covered, evidence of the "surgery". They are told that a bomb has been sewn inside them that will explode if they ever disclose the abuse, killing them and whoever they are disclosing to. Other children are told they have had a monster, a demon or the devil's heart placed inside them, and it will destroy them upon disclosure. This may sound unbelievable to us, but imagine the profound effect on the psyche of a young child, and the terror of disclosure that would remain with her as an adult.[32]

Furthermore, most survivors have been programmed or brainwashed to commit suicide upon disclosure of cult activities. This is highly sophisticated programming which can be very difficult to counteract. Thus, survivors face very real dangers not just from cult members seeking to silence them, but also (indirectly) from themselves.

- Therapeutic issues for therapists / service providers -

Some related problems face therapists and service providers when they attempt to work with ritual abuse survivors. Again, lack of awareness of the issues is a major difficulty. Therapists who do not recognize clients as survivors of this type of abuse can waste considerable time on treatment that is at best frustratingly non-productive, and at worst dangerously counterproductive. This problem should not be taken lightly; it means there are people out there in the "helping professions", who have the best intentions of helping their clients to heal, but due to lack of awareness they are inadvertently huring the very clients they are trying to help.

Many therapists feel helpless in the face of such extreme abuse, such severe trauma,

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[32] Los Angeles County Commission for Women, op. cit.; Bechthold, op. cit.

such extensive shattering of the psyche and the spirit.[33] Nothing in their experience, nothing in their training may have prepared them to deal with the effects of such horrific abuse. Yet there they are, in their office faced with this person who has trusted them with her truth, this person who is counting on them for healing. Therapists are desperate for further training to help them work with these clients; they are desperate for resources they can turn to for help, people they can refer their clients to; they are desperately aware of the need for specialized services for survivors of ritual abuse.[34]

Without adequate specialized training, therapists working with ritual abuse survivors may be unaware of the way mind control techniques, programming, brainwashing and triggers are employed by cults. For example, it is common for cults to "program" their victims to commit suicide on specific dates, or on a particular birthday. The therapist's lack of awareness of this, and of effective methods to counteract this sort of programming, could literally prove fatal. In some instances therapists may even, through lack of awareness, contribute to their clients' mind control. For example, perhaps while in a trance state a child is taught that every time she sees a shell, she will know she is being watched by a cult member. Later, as an adult, she has a beautiful shell collection, with no awareness of what meaning shells hold for her, or why. Her therapist, with no understanding of how triggering operates, sees her collecting of shells as a healthy, healing activity, and brings her new ones for her collection.[35] Specialized training in working with survivors of ritual abuse would help therapists to avoid missing important cues, and

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[33] Steele, op. cit.

[34] Mary LeBlanc, Service for Sexual Assault Victims, personal communication. This was the overwhelming response of participants at the conference "Treating Survivors of Ritual Abuse in Halifax, April 1, 1992.

[35] This example is drawn from the experience of one survivor, as described by her subsequent therapist (personal communication, summer, 1992).

perhaps avoid inappropriate behaviour.

Another difficulty for therapists working with these clients is their own reactions to the things they are hearing. "There is a vicious jolt that comes as we hear the unspeakable, as we know the unknowable, as we sit with someone who has experienced the intolerable".[36] Therapists may react with despair, rage, fear. They may withdraw from their client, obviously or subtly. They may be filled with self-importance, they may feel a need to "rescue" the client, they may become over-involved. They may be overwhelmed with the need to "do something", striking off blindly in pursuit of justice, to reassure themselves and their client that there is such a thing as justice in the world, abandoning the search for healing in favour of the search for vengeance.[37] These may all be reasonable, even worthy, responses. But they are unlikely to help the therapeutic process for the survivor. Service providers need to be aware of and need to work with their own responses. They may also need support to do this.

Many therapists dealing with severe abuse experience their own form of secondary post-traumatic stress disorder. Psychotherapist Kathy Steele writes: "Particularly in the beginning of such work most of us experience some combination of disturbed sleep, nightmares, poor appetite, anxiety, numbing, hypervigilance, restlessness, preoccupation with the content of the abuse; sometimes questioning our own safety, sometimes uncovering our own histories of abuse."[38] These difficulties are compounded by the lack of support available for therapists working with ritual abuse survivors. They need to be able to connect with others who understand ritual abuse, and are familiar with the issues involved. They need support and validation; they need safety and refuge; they need help to care for themselves; they need to share ideas and

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[36] Steele, op. cit., p.21.

[37] Bechthold, op. cit.

[38] Steele, op. cit., p.20.

strategies.

Conclusions and Recommendations

The very existence of ritual abuse is dependent upon silence, secrecy, invisibility, disbelief and denial. A chief element in combatting ritual abuse, then, is public education--breaking the silence and ending the secrecy. Educating the general public to increase awareness about ritual abuse would help reduce the overall level of disbelief, facilitating both prevention and investigation. Education for children, perhaps modeled on the programs used for child sexual abuse awareness and prevention, could also aid prevention and encourage disclosure. Early disclosure could bring the trauma to an end and allow the child to receive early treatment. General awareness education for the medical community would facilitate recognition of ritual abuse and its psychological consequences, expediting accurate diagnoses.

There is also a need for specialized training for those therapists and mental health service providers who are interested in acquiring the skills necessary to work indepth with ritual abuse survivors. Some service providers have already developed an expertise working with survivors of child and sexual abuse; they--and others--have the basic abilities, they simply need more specialized training and supervision to work with survivors of ritual abuse.

A supervisory model--a sort of apprenticeship--might allow professionals to develop the skills they need, while also providing them with support while doing this difficult work. The needs of the service providers must not be overlooked, if they are to be able to continue providing quality treatment to their patients/clients.

Provision of specialized training need not be given only to psychiatrists--their services are most costly. There are other "alternative" therapists, counsellors and healers and who are already doing excellent work with abuse survivors. If they had access to specialized training, it might be perfectly appropriate for them to be involved in working with ritual abuse survivors. The

major barrier is that medical insurance coverage is limited to patients of licensed physicians.

Accordingly, medical insurance coverage for mental health services must be extended to include alternative healers and therapists--or else specific alternative funds must be allocated for such services. This would be of immediate benefit not only to survivors of ritual abuse, but to all survivors of child sexual abuse and all of those faced with the unacceptably lengthy waiting lists when they seek mental health services in Nova Scotia.

At the same time, there must be some supervision, some monitoring of who is claiming to be able to work with ritual abuse survivors. Again, it cannot be overemphasize that specialized training is required. A single conference or workshop does not constitute adequate training. And awareness of ritual abuse is not equivalent to in-depth training and development of the skills and abilities necessary to work with survivors. Not just anyone can do this difficult work, and untrained therapists can inflict considerable damage on their unsuspecting clients. Therefore extensive supervision, perhaps an apprenticeship model--where services providers work under the supervision of someone trained and experienced in working with this population--might be the most appropriate.

The specialized training which is developed must be based on the needs identified by survivors. This will not be easy to do, initially, since it first requires that survivors' safety be ensured in order that they may speak out about their needs. Yet this is a crucial element. Empowerment of survivors is a direct challenge to the "power-over" which enables the abuse in the first place. If services providers, the "experts", hold on to power--the power to name survivors' needs--thay perpetuate the disempowerment of the survivors. Somehow, to effect real change, a process must be devised to hear the voices of the survivors. This is an essential long-term goal. In the meantime, though, for safety reasons, it may be necessary for those voices to be mediated; it may be necessary to listen to the words of service providers who are working

with survivors and can speak on their behalf.

Specialized training is needed not only for those involved in on-going outpatient treatment, but also for those involved in crisis intervention. The existing model of crisis intervention (i.e., hospitalization) is not conducive to recovery--for any survivors of child or sexual abuse. Patients describe being "drugged through the crisis" and then sent home with no support, only medications.[39] In the long term, we need an entirely new model of crisis intervention, based on the needs and suggestions of patients/clients and survivors. In the shorter term, all inpatient workers need specialized training in crisis intervention for ritual abuse survivors. The need for absolute safety must be incorporated in any provision of services.

Currently there is no safe place for survivors to be while they are in crisis, or intheir healing processes. Many survivors are turning to transition houses, sexual assault crisis centres, and shelters for homeless women, looking for safety.[40] Staff at these places are being faced with crises for which they are not trained and for which they are not adequately staffed. There is a critical need for some type of safe housing for ritual abuse survivors to receive appropriate care. In the meantime, the work transition houses and women's shelters are doing with survivors must be taken into account in terms of staff training and staff-to-client ratios.

There is also a need for ongoing coordination of available resources for ritual abuse survivors and those working with them. Service providers who uncover a history of ritual abuse in their clients cannot be left floundering, desperate for information about therapeutic strategies, investigative procedures, legal options, risks for themselves and their clients, therapists who will take referrals, and support services for themselves. Some of these resources are beginning to

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[39] Statement by Adult Survivors of Child Sexual Abuse, Halifax, Nova Scotia, 1991. This group is composed of survivors of child sexual abuse and professionals who work with survivors.

[40] Communications with transition house staff.

be available--but they need to be coordinated if they are to be readily accessible.

In general, we encourage and support the development and use of a feminist model of therapy. Feminist counsellors and therapists have, over the past two decades, been developing a model of treatment that is holistic and centered in the empowerment of the clients/patients.[41] This approach is particularly appropriate for survivors of child and sexual abuse. A top-down, hierarchical approach to treatment re-emphasizes the very conditions of power and powerlessness that enabled the abuse in the first place. Ritual abuse survivors are especially in need of a therapeutic model that is based in equality and empowerment, that accepts the ability of clients/patients to identify and name their own needs, and to participate in their own healing processes.

Summary of Recommendations

The Nova Scotia Advisory Council on the Status of Women recommends:

1) that the provincial government develop a responsible and accountable public education program to increase awareness of ritual abuse among the general public, children and the medical community;

2) that funds be allocated for specialized training for counsellors and therapists who are interested in working with survivors of ritual abuse. This could involve a supervisory or apprenticeship model, and training need not be limited to psychiatrists;

3) that this training be directed by the needs of survivors, and designed in accordance with those needs. A process must be devised for hearing the voices of survivors, in a forum which is safe for them;

4) that medical insurance be extended, or some specific alternative funding be allocated,

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[41] Toni Ann Laidlaw, Cheryl Malmo and associates, Healing Voices: Feminist Approaches to Therapy with Women, San Francisco, Jossey-Bass, 1990; Miriam Greenspan, A New Approach to Women and Therapy, New York, McGraw-Hill, 1983.

to cover alternative therapists and services;

5) that a monitoring system be developed to ensure that those claiming to be qualified to treat ritual abuse survivors are held accountable, and that they do, in fact, have the training necessary to work with this population;

6) that the necessary support services be established to meet the needs of therapists and service providers who are working with survivors of ritual abuse;

7) that all inpatient workers, as well as transition house workers, be given specialized training in mental health crisis intervention for ritual abuse survivors;

8) that crisis intervention models be developed suited to the needs of survivors of child and sexual abuse, and to the needs of ritual abuse survivors, and that these models of crisis intervention be based on the expressed needs of those populations;

9) that coordination of available resources for ritual abuse survivors be provided to assist counsellors and therapists in their work and to facilitate appropriate referrals;

10) that the use and development of a feminist model of therapy, a model based on principles of equality and empowerment that are crucial in the healing of abuse survivors, be supported and encouraged; and

11) that safety considerations be paramount in all mental health service provisions for ritual abuse survivors.